

Kentucky Health Services Laboratory 100 Sower Blvd., North Loading Dock, P.O. Box 2020 Frankfort, Kentucky 40602-2020 Phone: 502/564-4446 Fax: 502/564-7019 William D. Hacker, M.D., Acting Director <i>Please complete a separate form for each specimen. Yellow copy may be retained by the submitter.</i>	<h2 style="margin: 0;">Mycobacteriology Smear & Culture</h2>
PATIENT INFORMATION:	
Name (Last, First, MI) _____	
Social Security # _____	Sex _____ Race _____ Age _____ DOB _____
Home Address _____	
City _____	State _____ Zip Code _____ County _____
Send Report To:	
Submitter _____	
Street Address (PO BOX) _____	
City _____	State _____ Zip Code _____
Requesting Physician (if other than submitter) _____	
Specimen Information:	
Date of Collection _____	
<input type="checkbox"/> Clinical Specimen <input type="checkbox"/> Sputum <input type="checkbox"/> Bronchial Washing <input type="checkbox"/> Gastric fluid <input type="checkbox"/> Urine <input type="checkbox"/> CSF <input type="checkbox"/> Other, please specify _____	<input type="checkbox"/> Referred Specimen Source: _____ <i>Hospital or Laboratory reference number (if applicable _____)</i>
Is the patient on anti-tuberculosis drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Laboratory Findings:	
Laboratory Number:	